

(24)
1/14/01**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayne d. Noel
 4 N. Queen St.
 Apt. 8
 Littlestown, PA
 17340

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
<i>Wayne</i>	12/14/01

C. Signature

X Wayne A Noel

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2. Article Number

(Transfer from service label)

7000 0520 0023 0164 9085

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

FILED

JAN 11 2002

PER *g/s*
HARRISBURG, PA DEPUTY CL

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

(V-01-1049)

order of

12-12-01

1071